

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
RECEIVED32 11-19
19 JAN 16 A10:51**2019 REGISTRATION**Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Yoshimoto, Kimberley W.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL kyoshimoto@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813


PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) D.R. Horton-Schuler Homes, LLC, dba D.R. Horton-Schuler Division		TELEPHONE 521-5661
MAILING ADDRESS (No. and Street or P.O. Box) 130 Merchant Street, Suite 112		FAX
		EMAIL RBruhl@drhorton.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

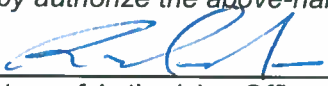
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/10/19 DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2019</u> . By: <u>Charmaine Ross</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>July 25, 2021</u>	NOTARY CERTIFICATION Date of Dec.: <u>1/10/19</u> No. of Pages: <u>19</u> Dec. Description: <u>2019 Lobbyist Registration</u> Name: <u>Charmaine Ross</u> Date: <u>1/10/19</u>
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PART V AUTHORIZATION TO LOBBY

NAME Robert Bruhl		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Division President
NAME OF ORGANIZATION (if applicable) D.R. Horton-Schuler Homes, LLC dba D.R. Horton-Schuler Division		TELEPHONE 521-5661
MAILING ADDRESS (No. and Street or P.O Box) 130 Merchant Street, Suite 112		FAX
		EMAIL RBruhl@drhorton.com
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) 01 / 10 / 19 (Date)		



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2019 REGISTRATIONLobbyist Registration
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Yoshimoto, Kimberley W.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL kyoshimoto@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Elemental Excelsior		TELEPHONE 808-237-5050
MAILING ADDRESS (No. and Street or P.O. Box) 1000 Bishop Street, #505		FAX
		EMAIL policy@elementalexcelerator.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (If lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

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<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
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<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Kimberly W. Yoshida
 LOBBYIST SIGNATURE

1/7/19
 DATE

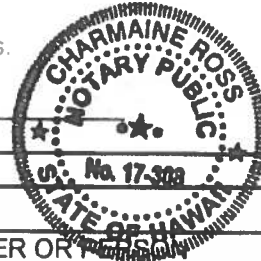
Subscribed and sworn to before me

This 7th day of January, 2019.

By: Charmaine Ross
 NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires.

July 25, 2021

**PART V AUTHORIZATION TO LOBBY**

NAME Aki Marceau		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Managing Director	
NAME OF ORGANIZATION (if applicable) Elemental Excelsior		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O. Box) 10000 Bishop Street, #505		FAX	
		EMAIL Aki@elementalexcelerator.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<u>[Signature]</u>		<u>1/7/19</u>	
(Signature of Authorizing Officer or Person Represented)			

Doc. Date: 1/7/19 (Date) # Pages: 2

Name: Charmaine Ross Circuit

Doc. Description: 2019 Lobbyist Registration Form

Charmaine Ross
 Signature Date

NOTARY CERTIFICATION



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2019 REGISTRATIONLobbyist Registration
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Yoshimoto, Kimberley W.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL kyoshimoto@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Verizon Communications		TELEPHONE 949-286-7202
MAILING ADDRESS (No. and Street or P.O. Box) HQ Public Policy, Law and Security Department 15505 Sand Canyon Avenue		FAX
		EMAIL jesus.g.roman@verizon.com
(City) Irvine	(State) CA	(Zip Code) 92618
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		

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<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

NOTARY CERTIFICATION 1st Circuit
Date of Doc.: 1/22/19 No. of Pages 2
Doc. Description: 2019 Lobbyist Registration

PART IV LOBBYIST CERTIFICATIONName: Charmaine Ross Date: 1/22/19

I hereby certify that the foregoing statements are true and correct.

Charmaine Ross
LOBBYIST SIGNATURE

1/22/19
DATE

Subscribed and sworn to before me

This 22nd day of January, 2019.By: Charmaine Ross
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

July 25, 2021**PART V AUTHORIZATION TO LOBBY**

NAME Jesus G. Roman		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Assistant General Counsel-Pacific & North Central Market	
NAME OF ORGANIZATION (if applicable) Verizon Communications		TELEPHONE 949-286-7202	
MAILING ADDRESS (No. and Street or P.O. Box) HQ Public Policy, Law and Security Department 15505 Sand Canyon Avenue		FAX	
(City) Irvine		(State) CA	EMAIL jesus.g.roman@verizon.com
(Zip Code) 92618			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<u>Jesus G. Roman</u> (Signature of Authorizing Officer or Person Represented)		<u>1/10/19</u> (Date)	